

MAINE BUREAU OF INSURANCE

Company Name

Address

Calendar Year

1.Total Actual Paid Workers' Compensation
Benefits

(Includes both indemnity and medical payments).

2.Total Actual Paid Workers' Compensation
Medical Payments

3.Total Benefits Less Medical Payments.
(Lines 1 minus Line 2).

Date

By*

Title

Completed By

Phone

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

To be Submitted No Later Than March 1

To the attention of:

Tom Michaud

(207) 624-8440

Fax: (207) 624-8599

Mail:

Maine Bureau of Insurance
#34 State House Station
Augusta, ME 04333-0034

Overnight/Priority:

Maine Bureau of Insurance
124 Northern Avenue
Gardiner, ME 04345